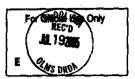
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandetory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY REFORE PREPARING THIS REPORT.

1. File Number U - 1/1/1/2	<u>'</u>	2. Fiscal Year Covered From:			
		10/1/2003 Through: 9/30/2004			
3. Name and address of person	filling.	4. Name, file number, and address of labor organization.			
Name John	TAPAMS	Name Local 2035 NFFE			
		Labor Organization File Number 5/5077			
P.O. Box, Bldg., Room No., if a	W \$ 2 A A A A A A A A A	P.O. Box, Building and Room Number, if any 260			
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City Bastons		City Baston			
State	ZIP Code + 4913/7-/57/	State C A ZIP Code + 4 923/2-026			
. Position in labor organization.					
<u>-</u>	Local Secretary	Tresurer 2035 NFFE			
Enter appropriate data below	<u> </u>	lusions set forth in the instructions):			
A. Held an interest in, engage	d in transactions (including loans) with, o	elusions set forth in the instructions): r derived income or other economic benefit of tion represents or is actively seeking to represent.			
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Name of Person Filing		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary visubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively one of the consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	nwise dealing with the busines tively seeking to represent, or idirectly to, or otherwise	8	
8. Name and address of Business (including trade name, if any).	9. Business deals with:		g ¥17. € .
Name (a. Labor Organiza	ation	
Trade Name, if any:	b. Trust		
P.O. Box, Bidg., Room No., if any	c. Employer	w	
Street :	·		
State ZIP Code + 4	,		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Berliner is marin	•	:
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.		
City			
State ZIP Code + 4		· ·	,
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	And the Power looks Angels of the control of the co		
	12.b. Amount.		<u> </u>
C. Received from any employer (other than an employer covered undoor from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.s. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bidg., Room No., if any			:
Street		en e	
City		and the second	
State ZIP Code + 4		te to cet i well i to the Science West in the Anna week in South a lower	· mail man mail transport and a superior of the
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		